WELLS ST JOHN PS

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JAN 9 9 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No	10/050,347
Filing Date	
Inventor	
Assignee	
Group Art Unit	
Examiner	
Attorney Docket No	
Title: Methods of Forming Transistors	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (703) 872-9306 on the date shown below:

- 1. Supplemental Information Disclosure Statement w/PTO-1449 and a copy of the cited reference
- 2. Certificate of Facsimile Transmission

Dated:	January 9 2004	Ву:	Jaime M. White	nte
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			Facsimile No.	(509) 838-3424

NUMBER OF PAGES IN FACSIMILE:

FEE DEFICIENCY

Although it is believed that no fees are due, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper to Deposit Account No. 23-0925.

Jennifer∕J. Taxlor,

WELLS ST JOHN PS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No 10/050,347
Filing Date January 15, 2002
Inventor Gurtej S. Sandhu et al.
Assignee Micron Technology, Inc.
Group Art Unit
Examiner Schillinger, L.
Attorney's Docket No
Title: Methods of Forming Transistors

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

References - - See attached Form PTO-1449

In compliance with 37 C.F.R. §§ 1.56, 1.97 and 1.98, your attention is directed to the United States patents and other references listed on the attached Form PTO-1449. No admission is made regarding whether all the submitted references are prior art.

This Supplemental Information Disclosure Statement is being filed after the filing of the Request for Continued Examination (RCE) Application and before receipt of the first Office Action. Therefore, no fee is believed to be required. However, in the event that a fee is required for filing this Supplemental Information Disclosure Statement, please charge the fee specified under 37 C.F.R. §1.17(p) to Deposit Account No. 23-0925. Please credit Deposit Account No. 23-0925 with any overpayment of the above fee.

Citation of these references is respectfully requested.

Respectfully submitted,

Date: /- 9-2004

Sheet 1 of 1

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				U.S. PAT	ENT DOCUMENTS								
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